



APPLICATION DATA SHEET

Application Information

Application Number:: 10/820,643
Filing Date:: 04/08/04
Application Type:: Regular
Subject Matter:: Utility
CD-ROM or CD-R?:: None
Title:: System-Level Simulation of Interconnected Devices
Attorney Docket Number:: CDS-007
Request for Early Publication?:: No
Request for Non-Publication?:: No
Suggested Drawing Figure:: Fig. 2
Total Drawing Sheets:: 9
Small Entity?:: No
Secrecy Order in Parent Appl.?:: No

Applicant Information

Applicant Authority Type:: Inventor
Primary Citizenship Country:: U.S.A.
Status:: Full Capacity
Given Name:: Matthew
Middle Name::
Family Name:: Bellantoni
Name Suffix::
City of Residence:: Brookline
State or Province of Residence:: Massachusetts
Country of Residence:: U.S.A.
Street of Mailing Address:: 60 East Glen Road T-12
City of Mailing Address:: Brookline
State or Province of Mailing Address:: Massachusetts
Country of Mailing Address:: U.S.A.
Postal or Zip Code of Mailing Address:: 02445

Applicant Authority Type:: Inventor
Primary Citizenship Country:: U.S.A.
Status:: Full Capacity
Given Name:: William
Middle Name::
Family Name:: Neifert
Name Suffix::
City of Residence:: Arlington
State or Province of Residence:: Massachusetts
Country of Residence:: U.S.A.
Street of Mailing Address:: 100 Pleasant Street, #31
City of Mailing Address:: Arlington
State or Province of Mailing Address:: Massachusetts
Country of Mailing Address:: U.S.A.
Postal or Zip Code of Mailing Address:: 02476

Applicant Authority Type:: Inventor
Primary Citizenship Country:: U.S.A.
Status:: Full Capacity
Given Name:: Andrew
Middle Name::
Family Name:: Ladd
Name Suffix::
City of Residence:: Maynard
State or Province of Residence:: Massachusetts
Country of Residence:: U.S.A.
Street of Mailing Address:: 20-6 Deer Path Lane
City of Mailing Address:: Maynard
State or Province of Mailing Address:: Massachusetts
Country of Mailing Address:: U.S.A.
Postal or Zip Code of Mailing Address:: 01754

Applicant Authority Type:: Inventor
Primary Citizenship Country:: U.S.A.
Status:: Full Capacity

Given Name:: Matthew
Middle Name::
Family Name:: Grasse
Name Suffix::
City of Residence:: Watertown
State or Province of Residence:: Massachusetts
Country of Residence:: U.S.A.
Street of Mailing Address:: 56 Harrington Street
City of Mailing Address:: Watertown
State or Province of Mailing Address:: Massachusetts
Country of Mailing Address:: U.S.A.
Postal or Zip Code of Mailing Address:: 02472

Applicant Authority Type:: Inventor
Primary Citizenship Country:: U.S.A.
Status:: Full Capacity
Given Name:: Mark
Middle Name::
Family Name:: Kostick
Name Suffix::
City of Residence:: Belmont
State or Province of Residence:: Massachusetts
Country of Residence:: U.S.A.
Street of Mailing Address:: 30 Fairview Avenue
City of Mailing Address:: Belmont
State or Province of Mailing Address:: Massachusetts
Country of Mailing Address:: U.S.A.
Postal or Zip Code of Mailing Address:: 02478

Correspondence Information

Correspondence Customer Number:: 021323

Representative Information

Representative Customer Number:: 021323